## PART B - FEE(S) TRANSMITTAL

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ith applicable fee(s), to: Mail Mail Stop IS. £ FEE
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INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificat	form should be used to correspondence including d below or directed other ions.	or transing the Phierwise	mitting the ISSU atent, advance of in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new c	CAT of a corre	TON FEE (if requirements fees vispondence address;	ired). E vill be : and/or	Blocks 1 through 5 sh mailed to the current (b) indicating a separ	ould be completed where correspondence address as rate "FEE ADDRESS" for	
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36802	36802 7590 12/30/2008									
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APPLICATION NO.	ON NO. FILING DATE		FIRST NAMED INVEN				ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/735,948 12/12/2003				Jong Kil	A03P1079 3699					
TITLE OF INVENTION IMPLANTABLE MEDIC		IOD FO	R EMULATING	A SURFACE EKG	USIN	NG INTERNAL CA	ARDIA	C SIGNALS SENSED	BY AN	
APPLN. TYPE	SMALL ENTITY	ENTITY ISSUE FEE DUE		PUBLICATION FEE D	UE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO \$1510		\$0	•••••	\$0		\$1510	03/30/2009	
EXAMINER			RT UNIT	CLASS-SUBCLASS	3					
HOLMES, REX R 3762			3762	600-510000						
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3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG	ess an assignee is identi in 37 CFR 3.11. Comp	fied belo	ow, no assignee this form is NO	data will appear on the filing of the filing for t	he pa	atent. If an assigno assignment.		RY) <b>15900 Val</b>	cument has been filed for ley View Court A 91392-9221	
Please check the appropria	ate assignee category or	categori	es (will not be pri	inted on the patent):		Individual 🛎 Co	rporatio	on or other private grou	p entity Government	
Aa. The following fee(s) are submitted:    Issue Fee   Publication Fee (No small entity discount permitted)     Advance Order - # of Copies   5				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 160068 (enclose an extra copy of this form).						
5. Change in Entity Statu					*****		*************			
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Authorized Signature				Date 3,27,59						
Typed or printed name Peter Nichols				Registration No. 47,822						
This collection of informal in application. Confidential ubmitting the completed his form and/or suggestion	tion is required by 37 Clality is governed by 35 application form to the ns for reducing this burns.	FR 1.311 U.S.C. 1 USPTO den, sho	The information 22 and 37 CFR In Time will vary ald be sent to the	n is required to obtain 1.14. This collection is depending upon the in Chief Information O	or resting	etain a benefit by the imated to take 12 midual case. Any control U.S. Patent and	ne publi ninutes nments Fradem	c which is to file (and let complete, including on the amount of times of the complete of the	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O.	

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